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## BIB DATA SHEET

CONFIRMATION NO. 5353

<b>SERIAL NUMBER</b> 10/529,800	<b>FILING or 371(c) DATE</b> 03/30/2005 <b>RULE</b>	<b>CLASS</b> 227	<b>GROUP ART UNIT</b> 3721	<b>ATTORNEY DOCKET NO.</b> 2863(203-3511)	
<b>APPLICANTS</b> David C Racenet, Litchfield, CT; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/31652 10/06/2003 <sup>ML</sup> which claims benefit of 60/416,088 10/04/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/MICHELLE LOPEZ/</u> Examiner's Signature	<input checked="" type="checkbox"/> Met after Allowance <u>ML</u> Initials	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Tyco Healthcare Group LP 60 MIDDLETOWN AVENUE NORTH HAVEN, CT 06473 UNITED STATES					
<b>TITLE</b> Tool assembly for surgical stapling device					
<b>FILING FEE RECEIVED</b> 1350	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		